



## DIVERSION INFRASTRUCTURE IMPROVEMENT PROJECT GRANT APPLICATION

<b>PROJECT &amp; APPLICANT INFORMATION</b>		
PROJECT TITLE:		
PROJECT APPLICANT:		
APPLICANT MAILING ADDRESS:		
CONTACT NAME:		
PHONE:	E-MAIL:	
ESTIMATED START DATE:	COMPLETION DATE:	
TOTAL PROJECT COST:	REQUESTED GRANT AMOUNT (50% of cost up to \$5000):	
PROJECT LOCATION/ADDRESS:	COUNTY OF PROJECT LOCATION:	
STRUCTURE NAME:		
PROJECT SUMMARY/DEVICE INSTALLED:		
<b>REQUIRED SIGNATURES</b>		
<b>Division Engineer's Improvement/Device Approval</b>	<b>Division of Water Resources Installation/Completion Approval</b>	
Improvements and devices are appropriate for accurate water control/measurement of water use based on applicant's water right.	Diversion improvements and device installation are complete and in proper working order.	
<i>Erin Light</i>		
<i>Division of Water Resources, Division 6, Division Engineer</i>	<i>Division of Water Resources, Division 6, Water Commissioner</i>	
_____ <small>Name</small>	_____ <small>Name</small>	
_____ <small>Title</small>	_____ <small>Title</small>	
_____ <small>Signature</small>	_____ <small>Signature</small>	
_____ <small>Date</small>	_____ <small>Date</small>	
<b>PROOF OF PROJECT COMPLETION &amp; REQUEST FOR REIMBURSEMENT CHECKLIST</b>		
Verification that project location is within UYWCD boundaries	Photograph of completed installation	
Proof of payment (Please include <i>itemized invoices</i> for <b>ALL</b> project costs)	Map of device location	
Obtain <b>ALL</b> required signatures		
Applicant Signature: _____		Date: _____
<b>UYWCD Internal Use Only</b>		
Acceptance date:	WSRF Reimbursement Request date:	Payment Approval:
Grant Number:	WSRF Reimbursement Receipt Date:	Payment Issue Date: